

# Northern Rivers welcomes Minister to open facilities

NSW Minister for Health, Brad Hazzard, visited the region on Friday 8 September to officially open two Northern NSW Local Health District facilities.

The new Lismore Base Hospital Paediatric Ward was opened by Minister Hazzard and the Member for Lismore, Thomas George, in a colourful and light-hearted ceremony.

"Having children in hospital can be a very difficult time and this wonderful unit goes the extra mile to make it as comfortable and stress-free as possible," Minister Hazzard said.

The new paediatric ward is situated on level 11 of Lismore Base Hospital's new E Block, which also houses the new Emergency Department, Renal Unit and Women's Care Unit.

Following the midday ceremony, the Minister travelled to Coraki for the official opening of the Coraki Campbell HealthOne.

Around 60 people attended the opening, including many

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**Above, Paediatric patient, Elliott Terry, was given the honour of unveiling the plaque at the official opening of the new Paediatric Unit at Lismore Base Hospital. Pictured with Elliott are, from left, Chief Executive NNSWLHD, Wayne Jones; Member for Lismore, Thomas George; Minister for Health, Brad Hazzard and NNSWLHD Board Chair, Brian Pezzutti.**



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Artwork marks progress on Older Persons Mental Health Unit



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Interview with Lismore Base Hospital General Surgeon, Jane Cross

The Northern NSW Local Health District Board and Executive are committed to fostering a safe and inclusive work environment. Improving workplace culture is a key priority for 2017-18, with an emphasis on enhancing staff wellbeing and increasing communication throughout the organisation.

While winter may technically be over, the increased demand on our services continues. During July and August 2017, the Northern NSW Local Health District has seen nearly 2500 more patients presenting to our emergency departments compared to the same two months last year, and we have admitted over 700 more patients than for the same period last year.

This has placed incredible pressure on our health system which you, our staff and clinicians, have responded to incredibly well. I again take this opportunity to thank you and acknowledge the demands, both professionally and personally, that the last few months have placed on you.

Growth in emergency presentations and increased acuity of patients has meant that no department is immune to the huge increases in workloads.

This situation was compounded during the winter months because of the aggressive expansion in influenza and related illnesses we have seen this year. Our staff have not been immune to the effects of these viruses, and I

thank you all for the commitment to your colleagues and patients in doing the amount of overtime you have done. It has been well and truly above and beyond what you should be expected to do, and it has been sincerely appreciated.

Once this winter activity is behind us, I am hoping our staff and our communities can recover their health to enjoy a prosperous spring and summer. We will assess how our facilities coped during the winter months, and identify what we can learn from this winter to be more prepared next year.



I recently had the pleasure of attending the official openings of some of our new facilities, the Paediatric Unit at Lismore Base Hospital and the HealthOne at Coraki. These new facilities are both amazing additions to our health service.

The Paediatric Unit is clearly designed for the treatment and enjoyment of children, with colourful and exciting artworks and play areas, as well as



design features to support parents and carers.

The HealthOne at Coraki will provide general practice, allied health, aboriginal health, oral health and other support services in a purpose-designed facility that the residents of Coraki and surrounds will benefit from for many years.

*Wayne Jones  
Chief Executive*

## From the Board Chair



I would like to reiterate the acknowledgement of staff by the Chief Executive, Wayne Jones, for the heroic delivery of care during the last 10 weeks.

Australia, NSW and Northern NSW have experienced significantly increased numbers of confirmed cases of the flu virus this year.

With the earlier onset of the 'flu season' and increased numbers of emergency department presentations, the use of Rapid Testing during this year has, whilst incurring a significant

cost to the Health Service, ensured that our Clinicians have been able to provide proper care, in the right space and in sending patients home safely.

I wish to thank our Staff and Clinicians for their commitment to providing excellent patient care during this busy period.

Next year I will lead a program to improve staff immunisation rates to reduce the risk to our patients and to reduce staff sick leave. The pressure placed on remaining staff to cover that leave this year has been significant.



A number of milestones have been achieved in the last month, including the topping out ceremony for Bonalbo Multipurpose Service, the official opening of Coraki Campbell HealthOne and opening of the new Paediatric Unit at Lismore Base Hospital.

I would like to note the foresight of Lynne Weir, General Manager Richmond Clarence Health Services Group, in working with Clinicians to ensure moves to new wards are planned with new patient pathways to reflect the new environments.



Some 30 years ago Dr David Thomas and I were among the first doctors to be involved with the Helicopter Service in Lismore. So it was with pleasure that I attended a pre-opening tour and the opening of the new Westpac Helicopter Base at Lismore Airport by the Minister for Health, Brad Hazzard, and Bundjalung elder, Aunty Dorothy Harris-Gordon.



I am pleased to inform the community that we have had a significant boost to our funding, and have been assured that our expectation of a fair share of the NSW State Government allocation for health will be realised over the next few years. I thank the Secretary, Ms Elizabeth Koff, and the Deputy Secretary for Funding and Performance, Ms Susan Pearce, for their intervention on our behalf.

*Brian Pezzutti  
Board Chair*

# Lifesaving devices, training for Tweed staff

Staff and patients at The Tweed Hospital now have access to new lifesaving equipment thanks to a generous donation by The Tweed Hospital Auxiliary.

Following work done by The Tweed Hospital Resuscitation Committee in addressing the need for rapid response

systems and Basic Life Support training for hospital staff, new equipment was purchased by the Auxiliary.

The Auxiliary donated seven Critical Care Defibrillators, 19 Automated External Defibrillators and one Lucas 3 Chest Compression System.



A two-week education program involving on-site training with new equipment has seen approximately 580 staff trained across The Tweed Hospital.

"A special thank you must go to the Auxiliary for all their volunteer work and donations to provide funds for this lifesaving equipment," Andrea Thawley, Clinical Nurse Consultant Emergency, said.

Staff have praised the new equipment, and how easy it is to use in an emergency situation.

"The Lifepak 15 defibrillator was easy to operate during a recent rapid response in Coronary Care, eliminating any confusion during a stressful situation," Marg Crilly, Clinical Nurse Specialist Emergency, said.

**Left, back row from left, Lyz Van Leer, NUM 1; Lyn Lee, Auxiliary; Valda Buckley, Auxiliary; Dr Alasdair Arthur, Deputy Director of Emergency; Steve Baldwin, CNE Theatres; Kerrie Martin, CNC Critical Care; Annette Alexander, President Tweed Hospital Auxiliary. Front row from left, Andrea Thawley, CNC Emergency; Stephanie Rickard, RN; Sarah Mansfield, RN; Danielle Edwards, RN; and Samantha Jackson, RN.**

## Education sessions a hit with coders

Northern NSW Local Health District's (NNSWLHD) Clinical Coders and Health Information Managers have been meeting monthly for clinical coding education days in line with the NNSWLHD Clinical Coding Improvement Project (CCIP).

Since early 2016, Pavilion Health has been working with NNSWLHD on auditing clinical coding and looking at ways to

improve the coding service across the health district.

As part of this project, coding education days are being held once a month. These sessions provide an opportunity for all the coders to meet and learn about medical science and coding improvements.

Since the beginning of the education sessions, coders have reported increased

satisfaction in their work and are enjoying the networking opportunities and team building that has come from the training days.

We have recently also welcomed coders from St Vincent's Private Hospital in Lismore to join the education days, where they have been happy to share their knowledge with our staff.

The coders have appreciated the involvement by clinicians from across the LHD who have shared their specialised knowledge about disease processes, and we would like to thank them and look forward to their continued support.

There are more education sessions scheduled, with the next one to be held in October covering Stroke and Mental Health.

We also take this opportunity to farewell long-term staff member, Sue Clark, who has worked in medical records and coding at The Tweed Hospital for more than 30 years. Her knowledge and experience will be greatly missed.

**Left, clinical coders at a recent education day held in Lismore as part of the CCIP.**



# Doing it for the kids

With Child Protection Week earlier this month, I'm reminded of the importance of our job as parents and community members in raising our young people to be healthy in body and mind.

As a mother of two young children, I'm often surprised by the honesty and sincerity of what children say and do. They take things at face value and reflect our own actions back at us, whether they be good or bad.

Since children take on the attitudes and ideas they see modelled in us, it's imperative we show them what it means to be healthy, successful members of society. I'm the first to admit it's not easy being a good role model, especially in times when work stress and family stress combine to squeeze the fun out of my week.

That is why I'm glad I have been participating in Steptember this month, trying to reach 10,000 steps each day in aid of Cerebral Palsy awareness. I'm not usually a morning person, but I can honestly say I have enjoyed getting up while my household is still sleeping, to walk the dog and energise myself for the day.

The stress-relief of exercise has got me looking forward to those early starts, and the sunny weather has definitely helped as well. I've got more energy to play with my kids, I'm more relaxed, and I know I'll get a few moments to myself each day, which is an added bonus.

Plus, if my kids ask me how much exercise I've done today, I can be proud of my answer. Even if I don't make it to 10,000 steps every day, I'm heading in the right direction.



**Fiona Baker**  
Editor

# Northern NSW plays its part for Child Protection Week

Services across Northern NSW played their part in highlighting ways to improve the safety and wellbeing of children during National Child Protection Week, held from 3- 9 September.

The Northern NSW Local Health District Child Protection Team participated in several events throughout the district.

A free community event hosted by the YWCA was held in the Lismore Quadrangle, promoting this area as a safe and enjoyable place for families.

Stalls were held at the Lismore, Grafton and Tweed Hospitals throughout the week



promoting health services and the Family Referral

Service, a support agency funded by NSW Health.



**Above, Child and Family Health support worker, Penina Welch; Yamba Community Health Administration Officer, Jennifer O'Neill; Trauma Ted and Goonellabah Child and Family Health Coordinator, Leanne Friis in Lismore.**

**Left, Out of Home Care and Child Wellbeing Coordinator, Nicole Ashby; NNSWLHD Child Protection Manager, Rosa Flaherty, and Grafton Base Hospital Child Protection Worker, Karen Jefferies in Grafton.**

## Check out NNSWLHD Facebook page

The Northern NSW Local Health District Facebook page is used for a range of promotional activities, including the Health Promotion newsletter, pictured right, and by the LHD Media Unit to promote local events and celebrate the achievements of staff and volunteers.

It is regularly updated with the happenings across the LHD. Check out our page today!



# Minister opens upgraded facilities

## From page 1

long-time community members and hospital auxiliary volunteers.

Bundjalung community member Warren Williams delivered the Welcome to Country before Minister Hazzard and Member for Clarence, Chris Gulaptis, welcomed the community to the new facility.

"The community and clinicians came together to plan and deliver a wonderful health facility with improved services which will benefit thousands of people," Mr Gulaptis said.

The \$4 million facility provides a range of health services, including physiotherapy, speech pathology, counselling, community nursing, women's health clinics, immunisation and dental clinics, and child and family health nursing.

"The purpose-designed centre, with state of the art consultation rooms, treatment rooms and equipment allows families and individuals to stay on top of their health concerns, right here in their own town," Mr Hazzard said.



**Right, members of the Coraki and District Health Reference Group, Coraki United Hospital Auxiliary, and community members join Minister for Health, Brad Hazzard, NNSWLHD Board Chair, Brian Pezzutti, and NNSWLHD Chief Executive, Wayne Jones at the official opening of Coraki Campbell HealthOne on Friday 8 September.**

**Above, from left, NNSWLHD Board Chair, Brian Pezzutti; Member for Clarence, Chris Gulaptis; former Coraki UHA member, Margaret Williams; Coraki UHA President Paula Starkey; Minister for Health, Brad Hazzard and Coraki and District Health Reference Group member, George Thompson, unveil the plaque at the official opening of the Coraki Campbell HealthOne.**

**Left, Paediatric Ward staff on moving day in August. Back row from left, Jenny Robson CNE, Emma Reynolds EEN, Kerry Byrne previous NUM, Debra Thomas EEN, Tarase Daly A/NUM, Kerrie Hardy RN, Alison Leaver Ex RN and now Ward Volunteer, Coral Anderson RN, and Scott Wagner Dietician. Front row from left, Olivia Calnan RN, Lucy Colombo RN, Cassie Harding RN, and Maya Viet RN.**



# Flood response receives Mental Health award

Lismore's Rural Adversity in Mental Health Program (RAMHP) Coordinator, Stephen Carrigg, was recently presented with the RAMHP Outstanding Innovator award by the Centre for Rural and Remote Mental Health.

At a ceremony in Orange, Stephen accepted the award on behalf of his team for their efforts following the March 31 floods in Lismore and Murwillumbah. The award recognised their work linking people to care in Northern NSW during and after the floods.

Many mental health staff from across the health district assisted at the Flood Recovery Centres in Lismore and Murwillumbah, supporting those directly affected by the floods.

Over 400 people were seen by the mental health staff in the Recovery Centres and provided with links to

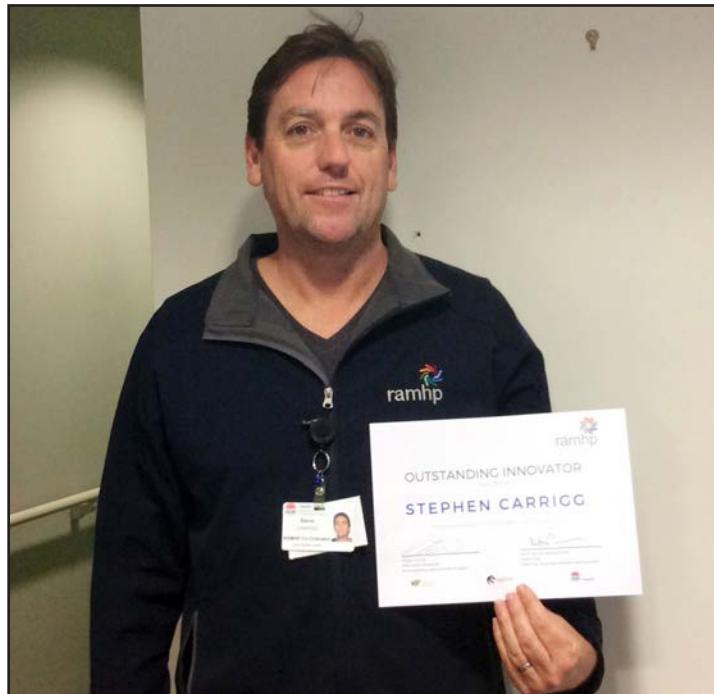
appropriate follow-up care.

"I was very appreciative of all staff who generously offered to fill the roster gaps in the Recovery Centres," Stephen said. "The certificate was presented to me, but it was really a team effort."

"Communities come together after disasters and our mental health service was no exception. It was an example of genuine collaboration between our Local Health District and the Primary Health Network to put up the \$100,000 for the flood recovery telephone line, to ensure that those needing emotional wellbeing and mental health support were able to receive that in a timely way."

The recovery process is ongoing, and RAMHP is continuing to engage with the local community to ensure people who need extra support will be able to receive it.

An additional \$40,000



**Above, Rural Adversity Mental Health Program Coordinator, Stephen Carrigg, with the Outstanding Innovator award for linking people to care following the March flood.**

was recently allocated to mental health awareness training for government and community agencies as part of the Community Recovery Fund jointly funded by the Commonwealth and NSW Governments.

RAMHP will be facilitating these courses across the region

in the coming months.

There are also other ongoing programs targeted towards flood-affected individuals and businesses being delivered by the University Centre for Rural Health and Lifeline.

For more information contact Stephen Carrigg on 0477 368 183.

## Artwork marks progress in older persons unit

Large murals in each of the courtyards of the new Lilli Pili Older Persons' Mental Health Unit have recently been completed.

The murals were designed by Brisbane-based artist, Gus Eagleton, and painted

in collaboration with local artist, Justin Livingston.

The murals were commissioned as part of the redevelopment of the Lismore Mental Health Unit to accommodate a 16-

bed Older Persons' Unit, with seven rooms opening onto two new courtyards.

The artist brief was developed by staff and clinicians in consultation with the Mental Health Forum, which includes members of the community with lived experience of mental health issues.

Progress on the new unit is continuing to schedule, with the new unit expected to be operational in late 2017.

**Left, local artist Justin Livingston and Brisbane artist, Gus Eagleton, with their coastal-themed mural.**

**Below, a rainforest mural covers the main wall in the second courtyard.**



# Lismore Pain Clinic among the best in Australia

The Lismore Pain Clinic was recently revealed to be one of best-performing pain clinics in Australia.

Reporting for the 2016 year showed that Lismore was one of only 12 out of 49 pain clinics in Australia to reach five out of the eight benchmarks for pain management set by the NSW Agency for Clinical Innovation (ACI).

More recent reporting has shown that the Lismore Pain Clinic has improved

its performance even further, meeting six of these benchmarks, and narrowly missing a seventh by just 0.5% during the first six months of 2017. From January to June this year, 79.5% of patients at Lismore were seen within three months of referral, just short of the benchmark of 80%.

Lismore is one of only five pain clinics in Australia to achieve this high level of patient outcomes.

Benchmarks for outcomes in pain management are set by the ACI in collaboration with participating Australian and New Zealand pain clinics and the University of Wollongong.

The benchmarks cover a range outcome measures that capture the complex biopsychosocial nature of chronic pain. These measures include the intensity of pain experience, the extent to which pain interferes with daily activities, levels of distress associated with long-term pain including depression, anxiety and stress, along with patients' confidence in their ability to manage and cope with ongoing pain and the extent to which patients worry about their pain. Waiting list management is also included.

The Lismore Pain Clinic uses an evidenced based, interdisciplinary, biopsychosocial approach and 97% of treatment at Lismore is group-based treatment, compared with 23% for the remainder of Australia and New Zealand.

The practice focuses on

Health Literacy via integrated patient workbooks with simple messages at Grade 7 reading level using multimedia, videos, anatomy models, whiteboards, workbooks and demonstrations. A client-driven approach is central to the success of the practice, with health workers involving patients in informal chats, Yarning, Q & A sessions, and encouraging them to ask questions about their treatment.

The clinic regularly reviews the program and has recently added new evidenced-based content such as recent advances in the understanding of bioplasticity to the development and treatment of chronic pain.

A hub and spoke model allows patients to be treated closer to their homes and facilitates the upskilling of physiotherapists in evidence-based treatment for chronic pain.

Medium intensity treatment programs are now provided at Tweed Heads, Murwillumbah, Byron Bay, Ballina, Lismore, Casino and Grafton. Twelve programs will be run this year.



**Above, Lismore Pain Clinic staff members, from left, Nurse Practitioner, David Beveridge; Physiotherapist, Megan Boyd and Clinical Psychologist, Dr Paul Masterman.**

## Strategic Board Workshop sets priorities



**Above, NNSWLHD Board members and the Executive team attended the Board Strategic Workshop on 17 and 18 August in Ballina. Pictured above with members of the board and executive are, at centre, marketing and culture expert, Juliette Alush; Secretary NSW Health, Elizabeth Koff; and Chief Executive Sydney Local Health District, Dr Theresa Anderson.**

## Let's Talk Health Literacy

### How do I make my patient information easier to read?

Health literacy is about a person's ability to access, understand and act on health information.

Chances are, your information is asking people to do something, like make an appointment, have an immunisation, take medication or otherwise look after their health.

By using health literacy principles, we can ensure that our messages are easy for people to act on.

#### 1. Drop the Jargon

This is the single most important thing we can do to ensure understanding. Use plain or 'living room' language instead of medical jargon or acronyms.

Think about your information from the point of view of someone who has never been to hospital. Would they understand all the words used? If not, replace these words with a simple explanation.

#### 2. Grade it!

When writing for the public we should write at a Grade 6-8 reading level. This forces us to focus on the main message and not get lost in lots of fluff. You can check the reading grade level of your text [here](#).

Copy and paste your text, and it will instantly tell you the reading grade level, as well as show you what you need to change.

The Health Literacy Project Officer is also available to help: [Taya.Prescott@ncahs.health.nsw.gov.au](mailto:Taya.Prescott@ncahs.health.nsw.gov.au)

There are more health literacy tips and tools for writing on the NNSW Health Literacy Website [here](#).

# Healthy insights for Tweed Heads women

A 'Women's Hearts and Health Day' was held in Tweed Heads on 6 September to raise awareness of heart disease among women in regional NSW and to highlight the need for women to look after their heart health.

Heart disease is the single biggest killer of women. One Australian woman dies every hour of every day, yet many women aren't aware of the symptoms of a heart attack.

"With heart disease taking the lives of three times as many Australian women as breast cancer, and the burden of disease being greatest in regional communities, the day provided guests with tips and tools they need to look after their heart health," Women's Resource Centre Health Promotion Officer, Nerida Colley, said.

Held at the Tweed Clinical Education

and Research Institute (TCERI), the event was a joint initiative of the Lismore Women's Health and Resource Centre (LWHRC) and Northern NSW Local Health District, supported by the Heart Foundation of NSW.

The event was a chance to shine a spotlight on a serious health issue, but with a twist of humour as well from local comedian, Mandy Nolan, who shared her personal heart health story.

Other guest speakers included the Mayor of Tweed Shire Council, Cr Katie Milne, Cardiologist Dr Ajay Gandhi, Tweed Hospital cardiac assessment nurse Kellie Thompson and health promotion educator Nerida Colley.

The event attracted over 60 attendees, with 30 women receiving free heart health risk assessments on the day.



**Above, from left, Women's Health Nurse, LWHRC, Andrea Brooks; Health Promotion educator, LWHRC, Nerida Colley; Manager LWHRC, Mary Willis; Aboriginal Chronic Care Nurse, Vicky Eastaway; Cardiac Assessment Nurse, The Tweed Hospital, Kellie Thompson; and Physiotherapist, The Tweed Hospital, Amelia Brown.**

## Think F.A.S.T. for Stroke

As part of National Stroke Week, from September 4-10, Lismore Base Hospital (LBH) hosted a stroke prevention stand and offered free Blood Pressure health checks to visitors and staff.

A recent report by the Stroke Foundation revealed the electorate of Page has the third highest incidence of stroke in Australia in 2017.

"Stroke kills more women than breast cancer and more men than prostate cancer," Kim Hoffman, LBH Stroke Care Coordinator, said.

"Stroke can be treated, but people need to get to hospital quickly. FAST stands for Face, Arms, Speech and Time. It is easy to remember and could save your own life or that of a loved one,"

Ms Hoffman said.

"If you are confronted with a medical emergency you suspect may be a stroke, ask yourself three questions:

- 1) Has the person's mouth drooped?
- 2) Can they lift both arms?
- 3) Is speech slurred?

If the answer to any of these is 'yes', call an ambulance straight away."

# Interview with Jane Cross

*Northern Exposure recently sat down with Lismore Base Hospital General Surgeon, Jane Cross, to talk about her decision to become a surgeon, her path to working in Australia, and her experience of combining family with a medical career.*

Jane Cross is a General Surgeon at the Lismore Base Hospital. From starting medical training in the United Kingdom, to working in South Africa and France, Jane experienced life in medicine in many regions of the world before deciding to settle in Australia four years ago.

A daughter of two doctors, Jane had no interest at all in following in their footsteps, until at the age of 15 she was let in to the operating theatre to observe her father at work.

"My dad had arranged for me to do work experience at some microbiology labs," Jane said. Whilst in the hospital, her father suggested she come and watch him operating as an orthopaedic surgeon.

"I thought it was the most amazing thing I've seen," Jane said. From then on, she wanted to be a surgeon. "It never crossed my mind to do anything else, that was it."

Jane is originally from Essex, and did her pre-clinical training at Cambridge University, followed by a three-year clinical attachment in London. After working as an intern in London, Jane spent a year doing anatomy demonstrating in Bristol before she applied to the Oxford basic surgical training rotation.

After two and a half years of training, Jane felt the need to do something different for a while.

"I had done my elective in South Africa and I was really keen to go back and do some work there," Jane said.

At the time, the South African government wasn't recognising UK doctors' qualifications, and the only way Jane would be able to work there was as a volunteer.

Jane secured a volunteer posting in East London, a mid-sized city on South Africa's south-eastern coast, and set about earning the money she would need to support herself during her trip.

Jane landed a job with P & O Cruises as the junior doctor aboard the Grand Princess, cruising the Caribbean for six months, before leaving to go and work in South Africa.

It was a tough but interesting experience, working in a government



hospital with quite basic facilities. Although the prognosis for most people who were treated in hospital was quite good, many patients with health problems or trauma didn't make it to hospital at all. There were high rates of HIV and violence.

It was there that Jane met her future husband, Andrew, and together they moved back to the UK after her posting ended. Jane then completed the next stage of her surgical training pathway in Oxford.

During this time Jane also completed a Doctorate research degree at University College London (UCL). Following this, Jane took up a fellowship position in France for one year.

In her last year of training in 2013, Jane participated in an exchange scheme between UK and Australia, coming to work at Liverpool Hospital in Sydney.

"Because it was my final year of training, I had all my boxes ticked in the UK so I didn't have to go back," Jane said. On finishing, Jane applied for a job as the postgraduate surgical fellow in Lismore, and hasn't moved since.

"I absolutely loved it and thought, right that's it, I've found my dream job!"

Jane found many similarities between the public healthcare systems in the UK and in Australia, from safety

standards right down to the sometimes identical policy documents. The systems in France and South Africa, though, were quite different to what Jane was used to, both in the healthcare setting and in general daily life.

"We often take for granted a lot of the patient safety aspects of things," Jane said. "It really made me appreciate the standards in the UK and in Australia."

As a surgeon and a mother of three children, Jane has had an overwhelmingly positive experience of training, working long hours and raising a family.

"It's not easy but I don't think it's easy in any career to have a full-on career and a family. You do have to learn to juggle," Jane said.

Being a female in the world of surgery has also been a positive experience for Jane.

"I've never received any sexism or bullying," Jane said.

For now, Jane and her family are enjoying staying in the one spot after spending much of their lives travelling the world. She expects that her children may well get itchy feet at some point and choose to travel more, but they are thoroughly enjoying living in this region.

"We keep reminding ourselves how lucky we are to have found paradise!"

# Daffodil Day aims for cancer-free future

In its 31st year this August, Cancer Council's Daffodil Day was celebrated across NSW with the theme "For Someone I know".

Volunteers ran Daffodil Day stands at sites across Northern NSW on 25 August, including at the North Coast Cancer Institute – Lismore Cancer Care and Haematology Unit (NCCI).

Offering smiles, a friendly ear and a table packed with yellow flowers and fundraising goodies, former Lismore City Council Mayor, Jenny Dowell, and local businesswomen, Michelle Mitchell of LJ Hooker greeted patients and staff in the foyer.

Jenny has been a Cancer Council ambassador for many years, after she decided to get involved following her own diagnosis of breast cancer nine years ago.

"Every year, someone we know gets diagnosed, and this year I'm here for my mum, who has just been diagnosed with cancer," Jenny said. "Each day we volunteer is a day closer to a cure for cancer."

For Michelle, who has also had breast cancer, volunteering with the Daffodil Day fundraising is about wanting to give back to those who are going through the



**Above, Daffodil Day volunteers Jenny Dowell and Michelle Mitchell, with Cancer Council NSW Community Engagement Manager Rowena Terone.**

same experience.

"It's great to be here today and talk with people and continue to raise money for a cancer-free future," Michelle said.

NCCI is a public healthcare provider, offering a range of cancer services including radiotherapy, chemotherapy and

blood transfusions. Services provided at the unit are bulk billed, following patient referral from a specialist.

Funds raised by Daffodil Day contributes to life-saving cancer research, prevention programs, support services and advocacy programs.

## Listening tour for Chief Executive

Over the past nine months, Northern NSW Local Health District Chief Executive, Wayne Jones, has been visiting facilities and health units throughout the district in order to meet with staff in an informal setting.

The visits are an opportunity for

the Chief Executive to share updates on the direction and priorities of the organisation, thank staff for their hard work and receive feedback and comments directly from staff.

The remaining site visits are scheduled to be completed in the upcoming months.



**Above, NNSWLHD Chief Executive, Wayne Jones, addresses staff from Finance, Nursing, Corporate Services, Patient Fees, Clinical Governance, Casemix, Capital Works, Aboriginal Health and Administration in Crawford House, Lismore.**

## New tools to tackle asthma in schools

Health Minister Brad Hazzard recently announced two initiatives to improve school care for children with asthma.

A new asthma first aid eBook and a standardised asthma action plan will give staff in schools the knowledge and tools they need to assist children in emergency situations. Staff will be able to better identify a flare-up and act quickly to manage asthma attacks.

"Asthma is often not understood as a potential killer but sadly, on average, it claims the lives of two children every year," Mr Hazzard said.

"No child should die from asthma – it is vital that people looking after children know how to recognise signs of an asthma flare-up and how best to respond.

"As an asthmatic myself, I know how important it is to have an effective plan and there is no room for complacency."

# DIGITAL DOSE - eHealth news

## eMeds Project

eMeds is a complex clinical practice change project that directly impacts Nursing, Pharmacy and Medicine. It will also impact other staff, such as clinical coders.

There are go-lives currently planned for Lismore Base Hospital (LBH) and The Tweed Hospital (TTH), anticipated to start in late 2018. The roll out will include inpatient units and emergency departments.

The local eMeds Project Team is working with teams in the five other rural health districts to ensure there is a standardised application and new clinical workflows that are relevant to rural hospitals.

This project team's work is being overseen by a state Clinical Reference Group which has clinical representatives from each rural LHD. Our representatives are Dr David Meldrum (Staff Specialist, Paediatrician LBH) and Andrea Thawley (CNC Emergency, Tweed Byron Health Service Group).

To support decisions, the project team has been seeking input around current evidence based practice from key clinical stakeholders identified from Nursing, Medicine and Pharmacy, including Directors of Medical Services.

In addition, contentious issues are raised during a weekly meeting with District Quality and Safety Managers from Clinical Governance and Nursing and Midwifery Directorate and the Acting District Health Information Manager. When required, issues from these meetings are escalated to the Director

Clinical Governance and the Executive Director of Nursing and Midwifery.

The next phase is to commence a more open clinical consultation process with clinical representatives from TTH and LBH who will form the local Clinical Reference Groups (CRG). These commence at LBH on 5 September and TTH on 7 September. Hospital inpatient services, including ED and

If you have questions please contact eMeds Change Manager, Wendy Roulston at [Wendy.Roulston@ncahs.health.nsw.gov.au](mailto:Wendy.Roulston@ncahs.health.nsw.gov.au)



## eRIC Project – eMR for Intensive Care Units (ICU)

The eRIC application will go live later this year at Tweed, Lismore and Grafton Intensive Care Units (ICU).

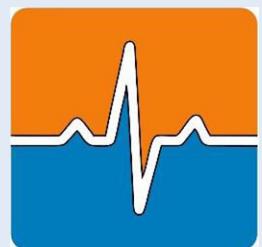
The eRIC Change Managers at TTH and LBH have been busy consulting with ICU and Non-ICU key stakeholders; in particular, with Clinicians at their current meetings and ward in-services and with Health Information Managers and their staff. The

Change Manager at Grafton Base Hospital will commence soon.

As transfer of care is important when patients are discharged from the ICU there will be a comprehensive electronic Handover of Care document (eHOC) sent into Cerner eMR. A printed version of the electronic National Inpatient Medication Chart (eNIMC) will also be provided to the receiving ward.

Training starts soon so if you wish to book your place please email the relevant Change Manager:

- TTH eRIC Change Manager: [Andrew.Dodds@ncahs.health.nsw.gov.au](mailto:Andrew.Dodds@ncahs.health.nsw.gov.au)
- LBH eRIC Change Manager: [Daniel.Schebella@ncahs.health.nsw.gov.au](mailto:Daniel.Schebella@ncahs.health.nsw.gov.au)



## Applications open for HETI research program

Applications are now open for the 2018 intake of Health Education and Training Institute's (HETI) Rural Research Capacity Building Program (RRCBP).

The program is designed to build research capacity within rural NSW.

Applications close on 31 October 2017.

Health employees from rural NSW with no or limited experience in research are eligible to apply by submitting an application and research proposal.

Research proposed by applicants should align with Local Health District, Service or NSW Health strategic or operational plans.

Up to 15 candidates will be selected from across the state.

For more information visit [www.heti.nsw.gov.au/rural-and-remote/research-capacity-building/](http://www.heti.nsw.gov.au/rural-and-remote/research-capacity-building/) or contact Alex Stephens, Northern NSW Local Health District Director of Research [Alexandre.stephens@ncahs.health.nsw.gov.au](mailto:Alexandre.stephens@ncahs.health.nsw.gov.au)



**HEALTH  
EDUCATION  
& TRAINING**

# The last word...

## Ambulance appreciation at Lismore ED

*Ambulance Appreciation Day on Friday 1 September coincided with the one year anniversary of the opening of the new Lismore Base Hospital Emergency Department.*

*To celebrate both events, staff from Lismore Base Hospital Emergency Department and paramedics from Lismore Ambulance Station shared a sausage sandwich in the Ambulance Bay of the new Emergency Department.*

*During what has been a very tough winter for both Lismore Base Hospital and NSW Ambulance, this simple gesture goes to show the continued team work and mutual respect Paramedics, Nurses and Doctors share in their combined efforts to ensure ongoing service delivery.*



**Above, from left, Michael Steenson, CNE; Lismore Ambulance Inspector Terry Murphy; Station Officer Bill Rathbone; Paramedic Bill Stralow; Patrick Dunne, RN; Emma-Jane Davies NUM; and Paramedic Specialist Justin Mather at Lismore Base Hospital.**

## Lismore Base Hospital relocations continue

*Wednesday 20 September saw the final floors of Lismore Base Hospital's (LBH) 60-year-old A Block vacated, with A5 Short Stay and A4 Medical Assessment Unit (MAU) relocated into the new Level 10 E Block (E10).*

*The Project Team have been working tirelessly over the past two months to co-ordinate the move of A8 Children's Ward to E11 Paediatrics Unit, A7*

*Medical Ward to E9 Medical Ward and A5/A4 onto E10 Surgical/Medical Short Stay.*

*The relocations mean that A Block is now vacant and ready for demolition to make way for the next phase of the hospital's redevelopment: the construction of North Tower.*

*Scheduled for construction from mid-2018 to mid-2020, North Tower*

*will be fully integrated into the new South Tower (E Block) and provide new inpatient units (medical and surgical), a new ICU/HDU, new pharmacy, additional plant facilities, and new education and training facilities.*

*The ongoing redevelopment of LBH will deliver an increase in health services and enable new models of care to meet the changing needs of the local community.*

*Demolition of A Block is scheduled to commence in October, with the removal of internal hazardous material happening ahead of the external demolition, which is expected to commence by the end of the year. Demolition is expected to be completed mid-2018.*

**Left, nursing staff in the Surgical/Medical Short Stay Unit on their first afternoon in their new ward. From left, Laz Kubenk, Dirkje Pera, Dorothy Kemsley, Kristy Thompson, Yarani Rauenbursch, Lara McCarthy, Leisa McDonald, NUM Cheryl Hambly and Janice Boys.**

